

CSI Dual Credit Mentor Report

CSI Faculty Name: _____

Date: _____

Instructor and High School: _____

Course Name: _____

Type of Contact (two in-person contacts required per course) *check all that apply*

High School Site Visit (add additional visits on back)
Date: _____ Comments: _____

Concurrent Instructor Visit to CSI (e.g. Part-Time Faculty In-Service and/or other event)
Date: _____ Event: _____
Comments: _____

Other contact/communication phone email other
Date: _____ Comments: _____
Date: _____ Comments: _____

Course Syllabus submitted for review
Date: _____ Comments: _____

This course meets the requirements of the CSI academic department for a concurrent credit course in the following:

1. **Curriculum:** This course reflects the pedagogical, theoretical and philosophical orientation of the CSI academic department. Yes No

Comments: _____

2. **Faculty:** This high school instructor meets the academic requirements of the CSI academic department. Yes No

Comments: _____

This high school instructor is part of a continuing collegial interaction with CSI faculty.

Yes No

Comments: _____

3. **Assessment:** Grading standards of the concurrent credit course meets or exceeds those of CSI campus sections. Yes No

Comments: _____

Concurrent credit students in this course are assessed using the same methodologies as their on-campus counterparts. Yes No

Comments: _____

Additional Comments/Recommendations: _____

CSI Faculty Signature: _____ Date: _____

CSI Department Chair Signature: _____ Date: _____

(Note: A copy of completed course review report will be given to the high school instructor.)

Complete and return to: John Miller, Instructional Dean